

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/									
2		/								
3		/								
4		/								
5		/								
6		/								
7		/								
8		/								
9		/								
10		/								
11		/								
12	/									
13		/								
14		/								
15		/								
16		/								
17		/								
18		/								
19		/								
20		/								
21		/								
22		/								
23		/								
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
Total Indep	↙		↙		↙		↙		↙	
Total Depend	↖		↖		↖		↖		↖	
Total Claims										